

10/717,092

Application or Docket Number

10717092

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	80	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	80 minus 20 =	* Ø
INDEPENDENT CLAIMS	3 minus 3 =	* Ø
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

11/25/04

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL		OR TOTAL	710.00

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	18-
X43=		OR X86=	264-
+145=		OR +290=	—
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	282-

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 21	Minus	** 20 = 1
Independent	* 6	Minus	*** 3	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

12/08/2004 MHOLMES 00000001-A72069 10717092

(Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>		

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Mail Stop Patent Application  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the patent application of  
Inventor(s): Steve Wang

For: KENNEL

PATENT  
Date: November 18, 2003  
File No. 1315.68260

U.S. PTO  
10/717092  
17858



I hereby certify that this paper is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date.

November 19, 2003  
Date

  
Express Mail No.: EL 846178885 US

Enclosed are:

(X) 16 pages of specification, including 20 claims and an abstract.  
(X) an executed oath or declaration, with power of attorney.  
( ) an unexecuted oath or declaration, with power of attorney.  
( ) \_\_\_\_ sheet(s) of informal drawing(s).  
(X) 6 sheet(s) of formal drawings(s).  
( ) Assignment(s) of the invention to \_\_\_\_\_.  
( ) Assignment Form Cover Sheet.  
( ) A check in the amount of \$\_\_\_\_ to cover the fee for recording the assignment(s) is enclosed.  
(X) Information Disclosure Statement.  
(X) Form PTO-1449 and cited references.  
( ) Associate power of attorney.  
( ) Priority Document.

Fee Calculation For Claims As Filed

a) Basic Fee	\$ 770.00
b) Independent Claims	3 - 3 = 0 x \$ 86.00 = \$ .00
c) Total Claims	20 - 20 = 0 x \$ 18.00 = \$ .00
d) Fee for Multiple Dependent Claims	\$290.00 = \$ .00
	Total Filing Fee \$ 770.00

( ) Applicant qualifies as a Small Entity, reducing Filing Fee by half to \$\_\_\_\_\_

(X) A check in the amount of \$ 770.00 to cover the filing fee is enclosed.

( ) Charge \$\_\_\_\_\_ to Deposit Account No. 07-2069.

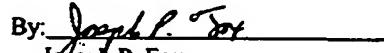
( ) Other \_\_\_\_\_

(X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

November 19, 2003

Respectfully submitted,

GREER, BURNS & CRAIN, LTD.

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